

Testimony in Support of H.B. 6616, An Act Concerning Expansion of HUSKY Health Benefits To Those Ineligible Due To Immigration Status.

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Human Services Committee
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Dear Representative Gilchrest, Senator Lesser, Senator Seminara, Representative Case, and esteemed members of the Human Services Committee,

Thank you for accepting this testimony in **support of H.B. 6616** on behalf of Health Equity Solutions (HES), a nonprofit organization with a statewide focus on advancing health equity through anti-racist policies and practices. Our vision is for every Connecticut resident to attain optimal health regardless of race, ethnicity, or socioeconomic status.

Each year, HES conducts community conversations to inform our policy agenda. The ability to afford and access health care is consistently among the top three health equity priorities for Connecticut residents.¹ We applaud the Connecticut General Assembly's efforts to increase access to HUSKY programs for young children and pregnant and postpartum adults in recent years. To further address inequities in access to health insurance, *HES supports increasing access to HUSKY for all immigrants up to age 26.*

Lack of health insurance is one of the most significant barriers to health and, though Connecticut has one of the lowest uninsured rates in the United States, significant racial and ethnic disparities in coverage rates persist.² Insurance coverage makes it possible for people to seek health care services to stay healthy and address injuries and illnesses as they arise. Adults and children enrolled in Medicaid are more likely to seek regular care and receive preventative services.³ Uninsured individuals are less likely than those who have health insurance to receive preventive care for chronic diseases and major health conditions.⁴ Further, a significant body of research demonstrates that public health insurance for children has a high and fast return on investment.⁵

An estimated 23% of uninsured people in Connecticut are immigrants without legal status.⁶ Many immigrants are ineligible for Medicaid due to visa status or residing in the United States for fewer than 5

¹ Health Equity Solutions. Health Equity Solutions 2023 Community Conversations. Retrieved from: https://www.hesct.org/blog/2022-community-conversations-final-report/

² U.S. Census Bureau (2021), American Community Survey 1-year estimates, Tables S2701, Selected Characteristics of Health Insurance Coverage in the United States. Retrieved from

https://data.census.gov/table?t=Health+Insurance&g=0400000US09&tid=ACSST1Y2021.S2701

³ American Hospital Association, *The Importance of Health Coverage*. The Importance of Health Insurance Coverage. Available at: https://www.aha.org/system/files/media/file/2019/10/report-importance-of-health-coverage 1.pdf

⁴ Kaiser Family Foundation. Key Facts About the Uninsured. https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/

⁵ Chester, A., Wagnerman, K., & Alker, J. (n.d.). *Medicaid is a smart investment in children*. Retrieved from https://ccf.georgetown.edu/wp-content/uploads/2017/03/MedicaidSmartInvestment.pdf

⁶ CT Health Foundation. (2020) Health Disparities in CT. Retrieved from: https://www.cthealth.org/wp-content/uploads/2020/01/Health-disparities-in-Connecticut.pdf



years. Immigrants without documents are ineligible for Medicaid AND unable to purchase health insurance on Access Health CT. Based on country-of-origin estimates, it is reasonable to assume that the majority of immigrants without documents living in Connecticut are people of color. As a result, ensuring access to health insurance for all immigrants living in Connecticut is a crucial part of advancing health equity in our state.

Several states and the District of Columbia have moved the needle and expanded state-funded coverage to income-eligible adults and children regardless of immigration status. In Oregon, all children and adults ages 19-25 or 55 and older are eligible for comprehensive coverage, regardless of immigration status.⁸ California provides comprehensive coverage to all children and adults ages 19-26 or 50 and older regardless of immigration status.⁹ The District of Columbia program provides coverage to children and adults through the Immigrant Children's Program and the DC Healthcare Alliance Program.¹⁰

Connecticut has taken important early steps to cover young children and pregnant and postpartum adults who are immigrants and would otherwise be eligible for Medicaid or CHIP. There is more to be done: no one should go without access to health care. We respectfully urge the Human Services Committee to move this bill forward in the interest of addressing inequities in access to health care in our state.

Thank you for the opportunity to submit this testimony in support of **H.B. 6616**, **An Act Concerning Expansion of HUSKY Health Benefits To Those Ineligible Due To Immigration Status.** I can be reached with any questions at slew@hesct.org or 860.937.6432.

⁷ Migration Policy Institute analysis of 2015-2019 U.S. Census Bureau data. Available at: https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/CT

⁸ Oregon Health Authority. Oregon Health Plan. Retrieved from https://www.oregon.gov/oha/hsd/ohp/pages/healthier-oregon.aspx

⁹ Covered California. Information for Immigrants. Retrieved from https://www.coveredca.com/learning-center/information-for-immigrants/

¹⁰ Kaiser Family Foundation. Health Coverage and Care of Immigrants. (2022). Retrieved from https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-and-care-of-immigrants/